

SERFF Tracking Number:	ARKS-125474842	State:	Arkansas
Filing Company:	18767 - CHURCH MUTUAL INSURANCE CO	State Tracking Number:	#387248 \$25
Company Tracking Number:	WC-11		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/		

Filing at a Glance

Company: 18767 - CHURCH MUTUAL INSURANCE CO

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

SERFF Tr Num: ARKS-125474842

SERFF Status: Closed

Co Tr Num: WC-11

State: Arkansas

State Tr Num: #387248 \$25

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author:

Date Submitted: 02/05/2008

Disposition Date: 02/11/2008

Disposition Status: Approved

Effective Date Requested (New):

Effective Date Requested (Renewal):

Effective Date (New): 01/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 02/11/2008

State Status Changed: 02/11/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

NA NA,

NA

NA, AR 00000

NA@NA.com

(123) 555-4567 [Phone]

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Product Name:	Workers Compensation		
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Filing Company Information

18767 - CHURCH MUTUAL INSURANCE CO	CoCode: 18767	State of Domicile: Arkansas
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	

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<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	02/11/2008	02/11/2008

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<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 02/11/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125474842 State: Arkansas

Filing Company: 18767 - CHURCH MUTUAL INSURANCE CO State Tracking Number: #387248 \$25

Company Tracking Number: WC-11

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	ARKS-125474842		No

<i>SERFF Tracking Number:</i>	<i>ARKS-125474842</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

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TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125474842

02/11/2008

Comments:

Attachment:

ARKS-125474842.pdf

CH#387248

\$ 25

ARKS-125474842



January 30, 2008

Approved until withdrawn
or revoked

JAN 01 2008

HONORABLE JULIE BENAFIELD BOWMAN
COMMISSIONER OF INSURANCE
ARKANSAS DEPARTMENT OF INSURANCE
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

Arkansas Insurance Department
By: *CKS*

RECEIVED

FEB 05 2008

RE: Church Mutual Insurance Company's Form and Rule
Adoption of TRIPRA Filing Item P-1405 and Item B-1405
Effective: January 1, 2008
File No. WC-19

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Dear Commissioner Bowman:

Church Mutual Insurance Company would like to adopt NCCI's item filings P-1405 and B-1405 pertaining to the Terrorism Risk Insurance Program Reauthorization Act of 2007.

We are requesting an effective date of January 1, 2008, for this filing.

An additional copy of this letter is enclosed for you to indicate your approval and return in the enclosed self-addressed, stamped envelope.

If you have any questions, please contact me at (800) 554-2642, select Option 4, and enter Extension 4749, or you may e-mail me at lreichelt@churchmutual.com.

Sincerely,

Lynn A. Reichelt

Lynn A. Reichelt, AIC
Director--Casualty Lines

had

Enclosures: \$25.00 Filing Fee
PC TD-1 (03-01-07)

c: LIZ LUZADDER
DATA VALIDATION DEPARTMENT
NCCI
901 PENINSULA CORPORATE CIR
BOCA RATON FL 33487

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
N/A	N/A

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Church Mutual Insurance Company	WI	18767	39-0712210	

RECEIVED
FEB 05 2007

5. Company Tracking Number	WC-11	PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Lynn Reichelt 3000 Schuster Lane Merrill WI 54452	Director-- Casualty Lines	1-800-554-2642 ext 4749	715-539-4409	lreichelt@churchmutua l.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Lynn Reichelt		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0
10. Sub-Type of Insurance (Sub-TOI)	16.0004
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Workers' Compensation Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01-01-08 Renewal: 01-01-08

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	P-1405 and B-1405
18.	Company's Date of Filing	January 30, 2008
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	WC-11
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Church Mutual Insurance Company would like to adopt NCCI's item filings P-1405 and B-1405 pertaining to the Terrorism Risk Insurance Program Reauthorization Act of 2007.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: 387248
Amount: \$25.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**